

**Cosmetology, Barbering, Esthetics,
and/or Manicuring School License Application**

1. Complete the license application enclosed.
2. Attach copies of all information referenced and required in RCW 18.16.140, WAC 308-20-040, and WAC 308-20-090.
3. Complete the Cosmetology, Barbering, Esthetics, and/or Manicuring School Tuition Certification enclosed.
4. Complete the Surety Bond form provided by the Department of Licensing.
5. Complete the Cosmetology, Barbering, Esthetics, and/or Manicuring School Data Sheet enclosed.
6. Attach the appropriate licensing fee, made payable to the Washington State Treasurer.
7. Return your completed application, supporting documents, and licensing fee to:

**Department of Licensing
Business and Professions Division
Cosmetology Section
PO Box 9048
Olympia WA 98507-9048

(360) 664-6626
dol.wa.gov**



Cosmetology, Barbering, Esthetics, and/or Manicuring School License Application

FOR VALIDATION ONLY

SCHOOL 001-070-209-0003

FEE: \$175.00

Make remittance payable to State Treasurer.
 Send this application with your remittance to:
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

Business Information

Please type or print clearly in dark ink

NAME OF SCHOOL		APPLICANT NAME (Owner or Responsible Person)	
MAILING ADDRESS (Street, City, State, Zip)		E-MAIL ADDRESS	
PHYSICAL ADDRESS (Street, City, State, Zip)			
TELEPHONE NO. ()	WASHINGTON CORPORATION NO. (If Applicable)		WASHINGTON REVENUE TAX NO. (UBI)
TYPE OF BUSINESS (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <i>If you checked Partnership or Corporation, please attach a copy of the partnership agreement or the current corporation document</i>			
TYPE OF TRAINING TO BE OFFERED AT SCHOOL FACILITY (Check All That Apply) <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barbering <input type="checkbox"/> Manicuring <input type="checkbox"/> Esthetics <input type="checkbox"/> Instructor			

Authorized Owners / Managers / Instructors

Name: Last	First	Middle	Title	Address	Lic. Exp. Date

FOR OFFICE USE ONLY	CERT DATE
	CERT NO.

Applicant Personal Data



1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ **Yes** ☐ **No**
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ **Yes** ☐ **No**
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ **Yes** ☐ **No**
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ **Yes** ☐ **No**

Please attach a letter of explanation for any Yes answers to the questions above, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Affidavit

I, _____ being first duly sworn, depose and say that I am the responsible professional and that I am authorized to sign for the partnership or corporation (if applicable), and that all professional instructor's hired by me shall be properly licensed.

I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of a license to conduct a school of cosmetology, barbering, esthetics and/or manicuring in the state of Washington.

X

SIGNATURE OF APPLICANT OR RESPONSIBLE PERSON

DATE

CITY

STATE

Upon Filing, This Application Becomes a Public Record and is Subject to Public Disclosure Provisions Under RCW 42.56.